United States Bankruptcy Court Southern District of Illinois	PROOF OF CLAIM
Name of Debtor:	Case Number:
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement administrative expense may be filed pursuant to 11 U.S.C. § 503.	t of the case. A request for payment of an
Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ Check this box to indicate that this claim amends a previously filed
Name and address where notices should be sent:	Court Claim Number:(If known)
Telephone number:	Filed on:
Name and address where payment should be sent(if different from above):	☐ Check this box if you are aware that anyone else has filed a proof of clain relating to your claim. Attach copy of statement giving particulars.
Telephone number:	☐ Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$	5. Amount of Claim Entitled to
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.	Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. A copy of the itemized statement of all interest or additional charges must be provided to debtor's attorney and trustee.	Specify the priority of the claim.
2. Basis for Claim: (See instruction #2 on reverse side.)	☐ Domestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B) ☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:	
(See instruction #3a on reverse side.)	business, whichever is earlier – 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe:	☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or
Value of Property: \$ Annual Interest Rate%	household use – 11 U.S.C §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:	☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
Amount of Secured Claim: \$ Amount Unsecured: \$	☐ Other – Specify applicable paragraph
	of 11 U.S.C. §507 (a)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Supporting Documents: A Summary of Exhibits shall be prepared that enumerates and briefly describes each exhibit germane to the matter under consideration. The proof of claim and Summary of Exhibits shall be filed together electronically as a single document. A copy of the claim and exhibits, (documentation of your lien), in paper format that complies with the redaction policy as described on the back of this form, must still be provided to debtor's attorney and trustee.

Amount entitled to priority:

\$_____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

US Bankruptcy Court 750 Missouri Ave. East St. Louis, IL 62201-2988